



## CLASSROOM REGISTRATION FORM

*Payment must accompany registration form.*

**Refund and Cancellation Policy:** Upon written request of cancellation (at least one week prior to the class date) a refund will be issued less a \$25.00 administrative fee. *If you have purchased textbooks, they are non-returnable.*

**Return Check Fee:** \$25.00 fee will be charged for all returned checks.

### **Please Print Clearly**

Course Title: \_\_\_\_\_ Date of Course: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Name: \_\_\_\_\_ Credentials: DDS \_\_\_\_\_ RDH \_\_\_\_\_ DA \_\_\_\_\_ Office Staff \_\_\_\_\_

Phone: Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Where did you learn about this course? \_\_\_\_\_

Please, suggest a topic of interest for future MSDA classroom course. \_\_\_\_\_

Auxiliary Staff Only: Employer's Full Name: \_\_\_\_\_

### **Payment Information: (Checks and Visa/MasterCard Only)**

**Note: Auxiliary staff pay the same fee as their employer, unless they become an MSDA member (\$50 annual)**

Check amount enclosed/Amount to be charged: \$ \_\_\_\_\_ (Make checks payable to MSDA)

Credit Cards (Visa/MS Only)

CC# \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Please note that all credit card payments are processed no earlier than one week before the class date.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax (410-964-0583); mail to MSDA, 6410F Dobbin Road. Columbia, MD 21045-4744. If for some reason the course you have chosen has been cancelled, you will receive a phone call from the MSDA Staff.